



NOTICE OF SOLICITATION

SERIAL 06060-RFP

**REQUEST FOR PROPOSAL FOR: RECREATIONAL ART THERAPY FACILITATORS – MCSO
(NIGP 94876 / NIGP 94886)**

Notice is hereby given sealed proposals will be received by the Materials Management Department, Materials Management Center, 320 West Lincoln Street, Phoenix, Arizona 85003-2494, until **2:00 P.M. Arizona Time**, on **SEPTEMBER 01, 2006** for the furnishing of the following for Maricopa County Proposals will be opened by the Materials Management Director (or designated representative) at an open, public meeting at the above time and place.

All Proposals must be signed, sealed and addressed to the Materials Management Department, Materials Management Center, 320 West Lincoln Street, Phoenix, Arizona 85003-2494, and marked **“SERIAL 06060-RFP REQUEST FOR PROPOSAL FOR ART THERAPY FACILITATORS - MCSO.”**

The Maricopa County Procurement Code (“The Code”) governs this procurement and is incorporated by this reference. Any protest concerning this Request for Proposal must be filed with the Procurement Officer in accordance with Section MC1-905 of the Code.

ALL ADMINISTRATIVE INFORMATION CONCERNING THIS REQUEST FOR PROPOSAL AND THE CONTRACTUAL TERMS AND CONDITIONS CAN BE LOCATED AT <http://www.maricopa.gov/materials>. ANY ADDENDA TO THIS REQUEST FOR PROPOSAL WILL BE POSTED ON THE MARICOPA COUNTY MATERIALS MANAGEMENT WEB SITE UNDER THE SOLICITATION SERIAL NUMBER.

PROPOSAL ENVELOPES WITH INSUFFICIENT POSTAGE WILL NOT BE ACCEPTED BY THE MARICOPA COUNTY MATERIALS MANAGEMENT CENTER

DIRECT ALL INQUIRIES TO:

DAVE LAFOND
PROCUREMENT OFFICER
TELEPHONE: (602) 506-3248
E-MAIL: lafond@maricopa.gov

THERE WILL BE A **MANDATORY** PRE-PROPOSAL CONFERENCE ON **AUGUST 17, 2006 AT 9:00 A.M. ARIZONA TIME**, AT THE MARICOPA COUNTY MATERIALS MANAGEMENT DEPARTMENT, 320 WEST LINCOLN STREET, PHOENIX, ARIZONA 85003-2494.

NOTE: MARICOPA COUNTY PUBLISHES ITS SOLICITATIONS ONLINE AND THEY ARE AVAILABLE FOR VIEWING AND/OR DOWNLOADING AT THE FOLLOWING INTERNET ADDRESS:

<http://www.maricopa.gov/materials/advbd/advbd.asp>

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NO RESPONSE

Respondents not responding to this Request for Proposal are asked to complete this document and return it to Maricopa County Materials Management Department, 320 West Lincoln Street, Phoenix, Arizona 85003-2494 or fax to (602) 258-1573.

MARK OUTSIDE ENVELOPE "SERIAL 06060 -RFP"

Responses must be received **BY 2:00 P.M., SEPTEMBER 01, 2006**. Respondents failing to submit a proposal, or this document, may be subject to removal from the Maricopa County Materials Management Contractor List.

SERIAL 06060-RFP

TITLE: RECREATIONAL ART THERAPY FACILITATORS - MCSO

CONTRACTOR NAME: _____

ADDRESS: _____

PHONE: _____ CONTACT: _____

REASON FOR NOT SUBMITTING A PROPOSAL:

_____ Insufficient time
_____ Do not handle product/service
_____ Other: _____

M/WSBE CONTRACT PARTICIPATION

An M/WSBE goal has not been established for this Request for Proposal.

The Materials Management Department of Maricopa County will endeavor to ensure in every possible way that Minority and Women-owned Small Business firms shall have every opportunity to participate in providing professional services, materials, and contractual services to the Materials Management Department of Maricopa County without being discriminated against on the grounds of race, religion, sex, age or national origin. The Maricopa County Minority Business Program, effective January 1, 1992, is incorporated by reference.

REQUEST FOR PROPOSAL FOR: RECREATIONAL ART THERAPY FACILITATORS - MCSO

1.0 INTENT:

The intent of this Request for Proposal is to award contract(s) for weekly to semi-weekly, group therapy services for art therapy groups for inmates of the Maricopa County Sheriff's Office (MCSO) Custody Support Division.

2.0 SCOPE OF WORK:

2.1 QUALIFICATION REQUIREMENTS:

- 2.1.1 Facilitators providing direct services (inmate contact) must possess a Bachelor's degree in the field of human services (e.g. Counseling, Psychology, Social Work, or related field), and must receive clinical supervision from a Ph.D.-level or Masters-level prepared supervisor. The facilitators providing direct services must be State-certified for counseling or must be eligible for certification in Behavioral Health or Substance Abuse Counseling.
- 2.1.2 Facilitators must possess professional certification in counseling to be eligible for State certification. Criteria for eligibility for State certification may be obtained from the Board of Behavioral Health Examiners, (602) 542-1882.
- 2.1.3 Facilitators should have a minimum of two (2) years experience or at least 2,000 hours in counseling. The facilitator must also be experienced in delivering art therapy.
- 2.1.4 Respondents without a current license will have 120 days to obtain a license or be determined to be in default under any resultant Contract's terms and conditions.

2.2 CREDENTIALS VERIFICATION:

- 2.2.1 Respondent employees who have contact with inmates and/or records under the supervision or jurisdiction of the MCSO pursuant to any resultant contract must submit to a security clearance and background check by MCSO. This background investigation will be completed prior to beginning work under any resultant contract. The background check may also include a criminal records check. The background check will be carried out by MCSO after award of any resultant contract at the cost of MCSO. The background check process includes a security class. The jail entry badges will be created at this time also.
- 2.2.2 The Respondent will obtain a signed background check release form from employees who have contact with inmates and/or records under the supervision or jurisdiction of MCSO pursuant to any resultant contract. The Respondent shall provide the signed background check release form to MCSO immediately upon award of any resultant contract so that the background check can be completed by MCSO. Typically, the background check process takes two (2) to three (3) weeks to complete, although MCSO cannot guarantee a specific time frame. Persons who are employed by the Respondent pursuant to any resultant contract shall not have contact with inmates or inmate records as stated above until MCSO has completed the background investigation and has cleared the person for such contact or access.
- 2.2.3 The decision of MCSO as to the eligibility of Respondent's employee for contact with inmates or records as stated above is final and is not appealable. Pursuant to state law, the information derived from the background check cannot be divulged to the Respondent, the employee or any other unauthorized party.
- 2.2.4 Respondents are to notify MCSO of any and all material changes to personnel and program content. Notification of content changes must be made in advance of implementation and receive approval by identified MCSO personnel prior to

implementation. Notification of staff changes must be made within 48 hours of predicted or actualized change(s).

2.3 PARAMETERS:

- 2.3.1 Inmates will be referred by the MCSO Custody Support Inmate Programs Division staff.
- 2.3.2 There are three inmate groups involved.
 - 2.3.2.1 Juveniles between the ages of 12 and 18.
 - 2.3.2.2 Adult females.
 - 2.3.2.3 Adult males.
- 2.3.3 These are open-ended groups and may be located in one or more of the MCSO jail facilities.
- 2.3.4 Respondent shall provide weekly to semi-weekly sessions of art therapy service over a maximum 48-week period of time to referred inmates. Sessions should be 90 to 120 minutes in length. Sessions must be facilitated by use of planned activities. The facilitator must provide the group with materials that are approved by the jail commander and counseling staff. (MCSO recommends formation of open-ended sessions for the program.) Gender-specific and bilingual programming is preferred. Substitution of facilitators is prohibited, with no exceptions for the term of any resultant contract.

2.4 SERVICES:

- 2.4.1 Contractor shall provide all labor, personnel and materials in order to facilitate a learning environment in the art therapy sessions whereby inmates are:
 - 2.4.1.1 Provided an objective presentation of goals, objectives and contrasting behavior and/or attitudes;
 - 2.4.1.2 Presented with therapeutic activities to encourage personal expression of inner issues, anxiety, anger and introduce stress management strategies to challenge client's current thinking and behaviors;
 - 2.4.1.3 Assisted in developing their own ambivalence & discrepancy regarding change factors;
 - 2.4.1.4 Taught skills to enhance self-efficacy necessary to make initial commitments to change and control behaviors.
 - 2.4.1.5 Provided visual, auditory, and kinesthetic activities to provide an encouraging learning environment for all learning types
- 2.4.2 Contractor shall provide art therapy groups to teach inmates how to redesign and implement new thinking patterns to meet the Inmate Program Division's goals of reducing recidivism, by teaching inmates how to control anger and stress, discontinue anti-social behaviors including domestic violence, and make positive, responsible choices.
- 2.4.3 Contractor shall insure inmates are re-assessed through activity that measures change in the inmate's amenability and/or commitment to the outpatient treatment process.
- 2.4.4 Contractor shall prepare, as requested by Custody Support Division counselors, individual inmate discharge summaries with recommendations that shall be forwarded to MCSO ALPHA/Education Section staff and referral source for continuing care.

2.4.5 Contractor shall insure program is designed to teach each inmate receiving treatment to learn to accept responsibility for changing his/her behavior by learning how to identify and change the attitudinal, physical, psychological, and intellectual factors that contribute to resistances and barriers to change.

2.4.6 Contractor shall immediately report any program participant who exhibits unusual or crisis behavior to the Administrator or associated program coordinator/counselor.

2.5 PROGRAM ADMINISTRATION REQUIREMENTS:

2.5.1 The Contractor will keep accurate attendance on all program participants. Contractor shall notify MCSO of any absences on the next working day after a missed session.

2.5.2 Monthly progress reports shall be submitted to authorized MCSO staff documenting attendance, attitude, progress in treatment, future treatment recommendations. The reports are due to the MCSO staff within five working days after the completion of the agreed-upon reporting period.

2.5.3 Statistical reports are to be completed and submitted to MCSO personnel as indicated. Progress evaluation methods and measurements are some dynamics to be measured throughout the treatment and Contract duration. Pre- and post-testing of each inmate, to measure improvements, is required.

2.5.4 If it is determined that an inmate may be dismissed or discharged from a group or discharged from a group by the Contractor, the Contractor shall notify MCSO Programs personnel. Such notification must occur prior to termination unless infraction violates the safety and well-being of the inmate or others. If terminated from a group, a written report shall be submitted to the identified MCSO staff within 24 hours of the inmate's dismissal.

2.5.5 Contractor shall prepare, update, and report outcomes relating to individualized treatment plans for each inmate served.

2.6 USAGE REPORT:

The Contractor shall furnish the County a quarterly usage report delineating the acquisition activity governed by the Contract. The format of the report shall be approved by the County and shall disclose the quantity and dollar value of each contract item by individual unit.

2.7 FACILITIES:

During the course of this Contract, MCSO shall provide the Contractor adequate workspace for facilitators, group sessions and such other related facilities as may be required by Contractor to carry out its obligations described herein.

2.8 INVOICES AND PAYMENTS:

2.8.1 The Contractor shall submit two (2) legible copies of their detailed invoice before payment(s) can be made. Contractor shall invoice on a monthly, in-arrears-basis. At a minimum, the invoice must provide the following information:

- 2.8.1.1 Company name, address and contact;
- 2.8.1.2 County bill-to name and contact information;
- 2.8.1.3 Contract Serial Number;
- 2.8.1.4 County purchase order number;
- 2.8.1.5 Invoice number and date;
- 2.8.1.6 Payment terms;;
- 2.8.1.7 Period of service being invoiced
- 2.8.1.8 Quantity (number of group sessions held);

- 2.8.1.9 Contract Item number(s);
- 2.8.1.10 Description of services provided;
- 2.8.1.11 Price per group session;
- 2.8.1.12 Extended price; and
- 2.8.1.13 Total Amount Due.

Problems regarding billing or invoicing shall be directed to the using agency as listed on the Purchase Order.

2.8.2 Payment will be made to the Contractor by Accounts Payable through the Maricopa County Vendor Express Payment Program. This is an Electronic Funds Transfer (EFT) process. After Award the Contractor shall fill out an EFT Enrollment form (to be provided by the Procurement Officer) or as located on the County Department of Finance Website as a fillable PDF document (www.maricopa.gov/finance/).

2.8.3 EFT payments to the routing and account numbers designated by the Contractor will include the details on the specific invoices that the payment covers. The Contractor is required to discuss remittance delivery capabilities with their designated financial institution for access to those details.

2.9 TAX:

No tax shall be levied against labor. It is the responsibility of the Contractor to determine any and all taxes and include the same in proposal price.

2.10 DELIVERY:

It shall be the Contractor's responsibility to meet the proposed delivery requirements. Maricopa County reserves the right to obtain services on the open market in the event the Contractor fails to make delivery and any price differential will be charged against the Contractor.

3.0 **SPECIAL TERMS & CONDITIONS:**

3.1 CONTRACT TERM:

This Request for Proposal is for awarding a firm, fixed price purchasing contract to cover a three (3) year period.

3.2 OPTION TO RENEW:

The County may, at its option and with the approval of the Contractor, extend the period of this Contract up to a maximum of three (3) additional, one (1)-year options, (or at the County's sole discretion, extend the contract on a month-to-month bases for a maximum of six (6) months after expiration). The Contractor shall be notified in writing by the Materials Management Department of the County's intention to extend the Contract period at least thirty (30) calendar days prior to the expiration of the original Contract period.

3.3 PRICE ADJUSTMENTS:

Any requests for reasonable price adjustments must be submitted sixty (60) days prior to the Contract expiration date. Requests for adjustment in cost of labor and/or materials must be supported by appropriate documentation. If County agrees to the adjusted price terms, County shall issue written approval of the change. The reasonableness of the request will be determined by comparing the request with the (Consumer Price Index) or by performing a market survey.

3.4 INDEMNIFICATION

To the fullest extent permitted by law, Contractor shall defend, indemnify, and hold harmless County, its agents, representatives, officers, directors, officials, and employees from and against

all claims, damages, losses and expenses, including, but not limited to, attorney fees, court costs, expert witness fees, and the cost of appellate proceedings, relating to, arising out of, or alleged to have resulted from the negligent acts, errors, omissions or mistakes relating to the performance of this Contract. Contractor's duty to defend, indemnify and hold harmless County, its agents, representatives, officers, directors, officials, and employees shall arise in connection with any claim, damage, loss or expense that is attributable to bodily injury, sickness, disease, death, or injury to, impairment, or destruction of property, including loss of use resulting there from, caused by any negligent acts, errors, omissions or mistakes in the performance of this Contract including any person for whose acts, errors, omissions or mistakes Contractor may be legally liable.

The amount and type of insurance coverage requirements set forth herein will in no way be construed as limiting the scope of the indemnity in this paragraph.

The scope of this indemnification does not extend to the sole negligence of County.

3.5 INSURANCE REQUIREMENTS

Contractor, at Contractor's own expense, shall purchase and maintain the herein stipulated minimum insurance from a company or companies duly licensed by the State of Arizona and possessing a current A.M. Best, Inc. rating of B++6. In lieu of State of Arizona licensing, the stipulated insurance may be purchased from a company or companies, which are authorized to do business in the State of Arizona, provided that said insurance companies meet the approval of County. The form of any insurance policies and forms must be acceptable to County.

All insurance required herein shall be maintained in full force and effect until all work or service required to be performed under the terms of the Contract is satisfactorily completed and formally accepted. Failure to do so may, at the sole discretion of County, constitute a material breach of this Contract.

Contractor's insurance shall be primary insurance as respects County, and any insurance or self-insurance maintained by County shall not contribute to it.

Any failure to comply with the claim reporting provisions of the insurance policies or any breach of an insurance policy warranty shall not affect the County's right to coverage afforded under the insurance policies.

The insurance policies may provide coverage that contains deductibles or self-insured retentions. Such deductible and/or self-insured retentions shall not be applicable with respect to the coverage provided to County under such policies. Contractor shall be solely responsible for the deductible and/or self-insured retention and County, at its option, may require Contractor to secure payment of such deductibles or self-insured retentions by a surety bond or an irrevocable and unconditional letter of credit.

County reserves the right to request and to receive, within 10 working days, certified copies of certificates of any or all of the herein required insurance policies and/or endorsements. County shall not be obligated, however, to review such policies and/or endorsements or to advise Contractor of any deficiencies in such policies and endorsements, and such receipt shall not relieve Contractor from, or be deemed a waiver of County's right to insist on strict fulfillment of Contractor's obligations under this Contract.

The insurance policies required by this Contract, except Workers' Compensation, and Errors and Omissions, shall name County, its agents, representatives, officers, directors, officials and employees as Additional Insureds.

The policies required hereunder, except Workers' Compensation, and Errors and Omissions, shall contain a waiver of transfer of rights of recovery (subrogation) against County, its agents, representatives, officers, directors, officials and employees for any claims arising out of Contractor's work or service.

Contractor is required to procure and maintain the following coverages indicated by a checkmark:

3.5.1 Commercial General Liability:

Commercial General Liability insurance and, if necessary, Commercial Umbrella insurance with a limit of not less than \$1,000,000 for each occurrence, \$2,000,000 Products/Completed Operations Aggregate, and \$2,000,000 General Aggregate Limit. The policy shall include coverage for bodily injury, broad form property damage, personal injury, products and completed operations and blanket contractual coverage, and shall not contain any provision which would serve to limit third party action over claims. There shall be no endorsement or modification of the CGL limiting the scope of coverage for liability arising from explosion, collapse, or underground property damage.

3.5.2 Automobile Liability:

Commercial/Business Automobile Liability insurance and, if necessary, Commercial Umbrella insurance with a combined single limit for bodily injury and property damage of not less than \$1,000,000 each occurrence with respect to any of the Contractor's owned, hired, and non-owned vehicles assigned to or used in performance of the Contractor's work or services under this Contract.

3.5.3 Workers' Compensation:

Workers' Compensation insurance to cover obligations imposed by federal and state statutes having jurisdiction of Contractor's employees engaged in the performance of the work or services under this Contract; and Employer's Liability insurance of not less than \$100,000 for each accident, \$100,000 disease for each employee, and \$500,000 disease policy limit.

Contractor waives all rights against County and its agents, officers, directors and employees for recovery of damages to the extent these damages are covered by the Workers' Compensation and Employer's Liability or commercial umbrella liability insurance obtained by Contractor pursuant to this Contract.

3.5.4 Certificates of Insurance.

3.5.4.1 Prior to commencing work or services under this Contract, Contractor shall have insurance in effect as required by the Contract in the form provided by the County, issued by Contractor's insurer(s), as evidence that policies providing the required coverage, conditions and limits required by this Contract are in full force and effect. Such certificates shall be made available to the County upon 48 hours notice. **BY SIGNING THE AGREEMENT PAGE THE CONTRACTOR AGREES TO THIS REQUIREMENT AND FAILURE TO MEET THIS REQUIREMENT WILL RESULT IN CANCELLATION OF CONTRACT.**

In the event any insurance policy (ies) required by this contract is (are) written on a "claims made" basis, coverage shall extend for two years past completion and acceptance of Contractor's work or services and as evidenced by annual Certificates of Insurance.

If a policy does expire during the life of the Contract, a renewal certificate must be sent to County fifteen (15) days prior to the expiration date.

3.5.4.2 Cancellation and Expiration Notice.

Insurance required herein shall not be permitted to expire, be canceled, or materially changed without thirty (30) days prior written notice to the County.

3.6 PROCUREMENT CARD ORDERING CAPABILITY:

It is the intent of Maricopa County to utilize a procurement card that may be used by the County from time to time, to place and make payment for orders under the Contract. Respondents without this capability may be considered non-responsive and not eligible for award consideration.

3.7 SCHEDULE OF EVENTS

Request for Proposals Issued: August 04, 2006

Deadline for written questions is (48) hours after Pre-Proposal meeting. Questions **will not** be responded to prior to the Pre-Proposal Conference. All questions must be submitted to Dave LaFond at lafonddd@mail.maricopa.gov and be received by 2:00 P.M. Arizona Time on August 21, 2006. All questions and answers will be posted to www.maricopa.gov with the original solicitation.

Deadline for submission of proposals is 2:00 P.M., MST, on **September 01, 2006**. All proposals must be received before 2:00 P.M. on the above date at Maricopa County Materials Management Department, 320 West Lincoln Street, Phoenix, AZ 85003-2494.

Proposed review of Proposals and short list decision: September 8, 2006

Proposed Respondent presentations: (if required) September 15, 2006

Proposed selection and negotiation: September 21, 2006

Proposed Best & Final (if required) September 25, 2006

Proposed award of Contract: October 18, 2006

All responses to this Request for Proposal become the property of Maricopa County and (other than pricing) will be held confidential, to the extent permissible by law. The County will not be held accountable if material from proposal responses is obtained without the written consent of the Respondent by parties other than the County.

3.8 INQUIRIES AND NOTICES:

All inquiries concerning information herein shall be addressed to:

MARICOPA COUNTY
DEPARTMENT OF MATERIALS MANAGEMENT
ATTN: CONTRACT ADMINISTRATION
320 WEST LINCOLN STREET
PHOENIX, ARIZONA 85003

Administrative telephone inquiries shall be addressed to:

DAVE LAFOND, PROCUREMENT OFFICER, 602-506-3248
(lafonddd@mail.maricopa.gov)

Inquiries may be submitted by telephone but must be followed up in writing. No oral communication is binding on Maricopa County.

3.9 INSTRUCTIONS FOR PREPARING AND SUBMITTING PROPOSALS:

Respondents shall provide **one** (1) **original hard copy** (labeled) and **three** (3) **hardcopy copies** of their proposal, plus **two** (2) **electronic copies, including pricing, on CD**. Respondents shall address proposals identified with return address, serial number and title in the following manner:

Maricopa County Materials Management Department
320 West Lincoln Street
Phoenix, Arizona 85003-2494

SERIAL: 06060–RFP

TITLE: RECREATIONAL ART THERAPY FACILITATORS – MCSO

Proposals must be signed by an owner, partner or corporate official who has been authorized to make such commitments. All prices shall be held firm for a period of one hundred fifty (150) days after the RFP closing date.

3.10 EXCEPTIONS TO THE SOLICITATION:

The Respondent shall identify and list all exceptions taken to all sections of 06060 – RFP and list these exceptions referencing the section (paragraph) where the exception exists and identify the exceptions and the proposed wording for the Respondent’s exception under the heading, “Exception to the PROPOSAL Solicitation, SERIAL 06060–RFP.” **Exceptions that surface elsewhere, BUT do not also appear under the heading, “Exceptions to the Proposal, Solicitation, SERIAL 06060–RFP,” shall be considered invalid and void and of no contractual significance.**

The County reserves the right to reject, determine the proposal non-responsive, enter into negotiation on any of the Respondent exceptions, or accept them outright.

3.11 GENERAL CONTENT:

The Proposal should be specific and complete in every detail. It should be practical and provide a straightforward, concise delineation of capabilities to satisfactorily perform the Contract being sought.

3.12 FORMAT AND CONTENT:

To aid in the evaluation, it is desired that all proposals follow the same general format. The proposals are to be submitted in binders and have sections tabbed as below: (Responses are limited to 100 pages, single sided, 10 point font type).

3.12.1 Table of Contents

3.12.2 Letter of Transmittal (Exhibit 2)

3.12.3 Executive Summary – This section shall contain an outline of the general, but clear approach utilized in the proposal.

3.12.4 Proposal – This section should contain a statement of all of the programs and services proposed, including conclusions and generalized recommendations. Proposals should be all-inclusive, detailing respondent’s best offer.

3.12.5 Qualifications – This section shall describe the respondent’s ability and experience related to the programs and services proposed. All project personnel, as applicable, shall be listed including a description of assignments and responsibilities and other pertinent information.

3.12.5.1 Respondent must submit copies of resumes and certificates of counseling expertise and college degrees for each person who will be providing direct services to Custody Division clients. Resumes must include both education and related work experience.

3.12.6 Proposal exceptions (see Section 3.10, above)

3.12.7 Adult males-only, adult females-only and juvenile-only groups may be presented for consideration

3.12.8 Attachment A – Pricing

Proposals exceeding \$225.00 per group session will be considered non-responsive to this solicitation. Group preparation, supplementary individual counseling, and documentation time are considered part of the group rate.

3.12.9 Attachment B – Agreement Page [signed]

3.12.10 Attachment C – References

3.13 EVALUATION OF PROPOSAL – SELECTION FACTORS:

A Proposal Evaluation Committee shall be appointed, chaired by the Procurement Officer to evaluate each Proposal. At the County's option, Respondents may be invited to make presentations to the Evaluation Committee. Best and Final Offers and/or Negotiations may be conducted, as needed, with the highest rated Respondent(s). Proposals will be evaluated on the following criteria which are listed descending order of importance.

3.13.1 Respondent's (including all proposed staff) credentials and qualifications

3.13.2 Respondent's program design and delivery plan.

3.13.3 Respondent's proven skills and experience in governmental and/or Criminal Justice facilities.

3.13.4 Price of services.

3.14 POST AWARD MEETING:

The successful Respondent(s) shall be required to attend a post-award meeting with the Using Agency to discuss the terms and conditions of the Contract. This meeting will be coordinated by the Procurement Officer of the Contract.

NOTE: RESPONDENTS ARE REQUIRED TO USE ATTACHED FORMS TO SUBMIT THEIR PROPOSALS.

**ATTACHMENT A
PRICING**

SERIAL 06060-RFP

BLANKET ORDER #: B0700204/NIGP 94876, 94886

RESPONDENT NAME: _____
VENDOR # : _____
RESPONDENT ADDRESS: _____
P.O. ADDRESS: _____
RESPONDENT PHONE #: _____
RESPONDENT FAX #: _____
COMPANY WEB SITE: _____
COMPANY CONTACT (REP): _____
E-MAIL ADDRESS (REP): _____

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL: ☐ YES ☐ NO

ACCEPT PROCUREMENT CARD: ☐ YES ☐ NO

REBATE (CASH OR CREDIT) FOR UTILIZING PROCUREMENT CARD: ☐ YES ☐ NO ☐ % REBATE
(Payment shall be made within 48 hrs utilizing the Purchasing Card)

INTERNET ORDERING CAPABILITY: ☐ YES ☐ NO ☐ % DISCOUNT

OTHER GOVERNMENT AGENCIES MAY USE THIS CONTRACT: ☐ YES ☐ NO

PAYMENT TERMS: RESPONDENT IS REQUIRED TO PICK ONE OF THE FOLLOWING.
TERMS WILL BE CONSIDERED IN DETERMINING PRICE.
FAILURE TO CHOOSE A TERM WILL RESULT IN A DEFAULT TO NET 30.
RESPONDENT MUST INITIAL THE SELECTION BELOW.

NET 10	_____
NET 15	_____
NET 20	_____
NET 30	_____
NET 45	_____
NET 60	_____
NET 90	_____
2% 10 DAYS NET 30	_____
1% 10 DAYS NET 30	_____
2% 30 DAYS NET 31	_____
1% 30 DAYS NET 31	_____
5% 30 DAYS NET 31	_____

INDICATE PERCENTAGE OF M/WBE PARTICIPATION IF ANY HERE: ☐ %

PLEASE INDICATE HOW YOU HEARD ABOUT THIS SOLICITATION:

☐ NEWSPAPER ADVERTISEMENT
☐ MARICOPA COUNTY WEB SITE
☐ POSTAL MAIL PRE-SOLICITATION NOTICE
☐ E-MAIL PRE-SOLICITATION NOTICE
☐ OTHER (PLEASE SPECIFY)

ALL PRICING SHALL BE SUBMITTED ON SAME CD AS PROPOSAL AND FORMATTED IN EXCEL '2003. RESPONSE WILL NOT BE ACCEPTED WITHOUT THE ACCOMPANYING CDs IN YOUR SUBMITTAL. ANY RESPONSE NOT CONTAINING THE REQUIRED CDs MAY BE CONSIDERED NON-RESPONSIVE AND NOT CONSIDERED FOR EVALUATION OR CONTRACT AWARD.

**ATTACHMENT A
PRICING**

1.0 PRICING:

GROUP SESSION DESCRIPTION	PRICE
1.1 Group Session - Adult Male	_____
1.2 Group Session - Adult Female	_____
1.3 Group Session - Juvenile Male	_____
1.4 Group Session - Juvenile Female	_____

(NOTE: Session rates shall not exceed \$225.00 per session.)

ATTACHMENT B

AGREEMENT

Respondent hereby certifies that Respondent has read, understands and agrees that acceptance by Maricopa County of the Respondent's Offer will create a binding Contract. Respondent agrees to fully comply with all terms and conditions as set forth in the Maricopa County Procurement Code, and amendments thereto, together with the specifications and other documentary forms herewith made a part of this specific procurement

BY SIGNING THIS PAGE THE SUBMITTING RESPONDENT CERTIFIES THAT RESPONDENT HAS REVIEWED THE ADMINISTRATIVE INFORMATION AND DRAFT RFP CONTRACT'S TERMS AND CONDITIONS LOCATED AT <http://www.maricopa.gov/materials>. AND AGREE TO BE CONTRACTUALLY BOUND TO THEM.

MINORITY/ WOMEN-OWNED SMALL BUSINESSES (check appropriate item):

_____ Disadvantaged Business Enterprise (DBE)
 _____ Women-Owned Business Enterprise (WBE)
 _____ Minority Business Enterprise (MBE)
 _____ Small Business Enterprise (SBE)

 RESPONDENT SUBMITTING PROPOSAL

 FEDERAL TAX ID NUMBER

 PRINTED NAME AND TITLE

 AUTHORIZED SIGNATURE

 ADDRESS

 TELEPHONE

 FAX #

 CITY STATE ZIP

 DATE

WEB SITE: _____

EMAIL ADDRESS: _____

MARICOPA COUNTY, ARIZONA

BY: _____
 DIRECTOR, MATERIALS MANAGEMENT

 DATE

BY: _____
 CHAIRMAN, BOARD OF SUPERVISORS

 DATE

ATTESTED:

 CLERK OF THE BOARD

 DATE

APPROVED AS TO FORM:

 DEPUTY MARICOPA COUNTY ATTORNEY

 DATE

ATTACHMENT C
RESPONDENT REFERENCES

RESPONDENT SUBMITTING PROPOSAL: _____

1. COMPANY NAME: _____

ADDRESS: _____

CONTACT PERSON: _____

TELEPHONE: _____ E-MAIL ADDRESS: _____

2. COMPANY NAME: _____

ADDRESS: _____

CONTACT PERSON: _____

TELEPHONE: _____ E-MAIL ADDRESS: _____

3. COMPANY NAME: _____

ADDRESS: _____

CONTACT PERSON: _____

TELEPHONE: _____ E-MAIL ADDRESS: _____

4. COMPANY NAME: _____

ADDRESS: _____

CONTACT PERSON: _____

TELEPHONE: _____ E-MAIL ADDRESS: _____

5. COMPANY NAME: _____

ADDRESS: _____

CONTACT PERSON: _____

TELEPHONE: _____ E-MAIL ADDRESS: _____

EXHIBIT 1

VENDOR REGISTRATION PROCEDURES

On-line Vendor Registration at Maricopa County is available NOW!

On November 22, 2004, Maricopa County changed its vendor registration process.

Paper forms will no longer be accepted. Vendor registrations will only be accepted through the active website. Register at <http://www.maricopa.gov/Materials/>

The new process will give you full control over your organizational information. Please be advised however that you are now directly responsible for the presence and accuracy of your company's information.

Vendors currently registered in our system who have changes to their information or have not registered online must establish a new account via the above web site link. Materials Management will no longer post changes to existing vendor records.

Procurement vendors: Be sure to select those commodity codes that best represent the commodities and or services provided by your organization. Non-procurement registrants may ignore the commodity portion.

Registration is **FREE**. You may use any computer with web access for registration, record updating and maintenance.

If you have any questions, email us at VendorReg@mail.maricopa.gov.

EXHIBIT 2

LETTER OF TRANSMITTAL

(To be typed on the letterhead of Offeror)

Maricopa County Department of Materials Management
320 West Lincoln,
Phoenix, Arizona 85003

Re: RFP Number – 06060-RFP

To Whom It May Concern:

(NAME OF COMPANY) (Herein referred to as the "RESPONDENT"), hereby submits its response to your Request for Proposal dated _____, and agrees to perform as proposed in their proposal, if awarded the contract. The Respondent shall thereupon be contractually obligated to carry out its responsibilities respecting the services proposed.

Kindly advise this in writing on or before _____ if you should desire to accept this proposal.

Very truly yours,

NAME (please print)

SIGNATURE

TITLE (please print)